

This form may be filled out online and mailed to the address listed below.

HHS Regulation & Licensure  
Credentialing Division  
PO Box 94986  
Lincoln, NE 68509-4986

**APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAM FOR HEARING  
AID INSTRUMENT DISPENSERS AND FITTERS**

**SECTION A: Program Information**

1. Name of Program \_\_\_\_\_
2. Objectives of Program \_\_\_\_\_
3. Number of Hours Requested for Approval (exclusive of time for breaks and meals) \_\_\_\_\_
4. Location of Program \_\_\_\_\_  
(City) (State)
5. Date(s) of Program \_\_\_\_\_  
(Month/Day/Year)
6. If this program open to all licensed hearing aid instrument dispensers and fitters? \_\_\_\_ Yes \_\_\_\_ No

**SECTION B: Presenter Information**

1. Name: \_\_\_\_\_
2. Qualifications: List any education, experience and/or training that qualifies the individual to present this continuing education program.

Education:

Experience:

Training:

You may attach supporting documentation to supplement the information in this section. Examples include, but are not limited to, curriculum vita, resume, or documentation of previous presentations pertaining to the theory and clinical application of hearing aid instrument dispensers and fitters.

SECTION C: **Method of Program Attendance Verification**

Attach a sample copy of the documentation the provider issues to license or certificate holders as proof of attendance of the program. Examples may include signature roster, a certificate of completion, or a letter from the provider verifying attendance at the program. Explain how attendance for duration of program is verified.

SECTION D: **Signature**

Name of Person Completing the Application (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number (Optional): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street/PO Box/Suite #)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)